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ABSTRACT

This Kids Count report examines trends in the well-being of Rhode Island's children, highlighting progress made in reaching the goals for children set by the Rhode Island Children's Cabinet in 1997 and discussing the remaining challenges. This statistical portrait is based on trends in 24 indicators of child well being: (1) prenatal care; (2) health insurance; (3) immunizations; (4) lead poisoning; (5) early care and education; (6) full-day kindergarten; (7) reading proficiency in fourth grade; (8) high performing schools; (9) English language learners; (10) school-age child care; (11) births to teens; (12) high school graduation; (13) homeless children; (14) children witnessing domestic violence; (15) child abuse and neglect; (16) out-of-home placement; (17) teen violent crime; (18) youth at the training school; (19) children in poverty; (20) median household income; (21) housing costs; (22) educational attainment; (23) children enrolled in the Family Independence Program; and (24) child care and health insurance supports for working families. The report's introduction presents a letter from Rhode Island Kids Count and the Children's cabinet detailing the 1997 goals and summarizing the findings; the introduction also includes demographic information on Rhode Island's children. The remainder of the report presents findings for each indicator, with trend data back to the late 1980s for some indicators, and with racial/ethnic or geographic area differences noted as available. For each indicator, the following is noted: (1) its importance for children's well-being; (2) progress made; and (3) challenges remaining. The report notes that the state is moving toward meeting its goals, but that significant disparities remain in outcomes among different racial, ethnic, and economic groups. (KB)

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ED 472 545

RESULTS FOR RHODE ISLAND'S CHILDREN:

PROGRESS AND CHALLENGES

A Report by
Rhode Island KIDS COUNT
Based on the Goals of the Rhode Island Children's Cabinet

December 2002

PS 030965

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Rhode Island KIDS COUNT

Rhode Island KIDS COUNT is a statewide children's policy organization dedicated to improving the health, education, economic well-being and safety of Rhode Island's children. Rhode Island KIDS COUNT collects and disseminates data on the well-being of Rhode Island's children, and advocates for and facilitates the development of responsive policies and programs.

A key publication of Rhode Island KIDS COUNT is the annual *Rhode Island KIDS COUNT Factbook* that tracks progress in reaching outcomes for children in the areas of Family and Community, Economic Well-being, Health, Safety, and Education. In addition, Rhode Island KIDS COUNT publishes an *Issue Brief* series on key programs and policies affecting children and families. In all of its work, Rhode Island KIDS COUNT works closely with key policy and data staff of the state departments, with child advocates, and with community leaders to develop solutions to the problems facing children, families, and communities in Rhode Island.

Rhode Island Children's Cabinet

The Rhode Island Children's Cabinet was created in 1991 by state law (RI GL 42-72.5) to address all cross-departmental issues that relate to children's needs and services. The intent of the Children's Cabinet is to foster cooperative state efforts to address the needs of children and families in an integrated and effective way. It functions as an information exchange forum among state departments, private service agencies and the public.

The Rhode Island Children's Cabinet is chaired by the Governor's Office, most recently by Clark Greene, Deputy Chief of Staff to Governor Lincoln Almond. The Children's Cabinet is comprised of the Governor's Office and the directors of the state departments that serve children: Human Services; Health; Children, Youth and Families; Labor and Training; Administration; Mental Health, Retardation and Hospitals; Higher Education; Elementary and Secondary Education; and Child Support Enforcement.

Under the leadership of Governor Lincoln Almond, the Rhode Island Children's Cabinet set goals for children in 1997. This report was prepared by Rhode Island KIDS COUNT at the end of the Almond administration to highlight progress and challenges facing children and families in Rhode Island. Careful attention to the trends for this critical set of indicators of child well-being can inform policy decisions that have the potential to either positively or negatively impact the lives of Rhode Island's children over the next decade.

All data and conclusions are the responsibility of Rhode Island KIDS COUNT and do not necessarily reflect the opinions of any individual state department or the Children's Cabinet as a whole. More information on the issues outlined in this report can be found in the *2002 Rhode Island KIDS COUNT Factbook* or on the Rhode Island KIDS COUNT website at www.rikidscount.org.

Table of Contents

Introduction 1

Demographics 3

Rhode Island Children's Cabinet Outcomes for Children

All Children Enter School Ready to Learn

Prenatal Care 7
Health Insurance 8
Immunizations 9
Lead Poisoning 10
Early Care and Education 11
Full Day Kindergarten 12

All Children Leave School Prepared to Lead Productive Lives

Reading Proficiency in 4th Grade 15
High Performing Schools 16
English Language Learners 17
School-Age Child Care 18
Birth to Teens 19
High School Graduation 20

All Children Are Safe in Their Homes, Families, and Communities

Homeless Children 23
Children Witnessing Domestic Violence 24
Child Abuse and Neglect 25
Out-of-Home Placement 26
Teen Violent Crime 27
Youth at the Training School 28

All Children Live in Families that Are Economically Secure

Children in Poverty 31
Median Household Income 32
Housing Costs 33
Educational Attainment 34
Children Enrolled in the Family Independence Program 35
Supports for Working Families: Child Care and Health Insurance 36

Acknowledgements 37

For a complete list of indicators presented by Rhode Island KIDS COUNT at the Quarterly Meetings of the Rhode Island Children's Cabinet between June 2001 and September 2002, please visit the Rhode Island KIDS COUNT website at www.rikidscount.org.

December 2002

Dear Policymakers and Community Leaders:

The Rhode Island Children's Cabinet was created by state statute in 1991. Since 1995 the Rhode Island Children's Cabinet has been comprised of Governor Lincoln Almond's agency directors with responsibility for issues affecting children and families. The Children's Cabinet functions as an information exchange forum among state departments, private service agencies and the public. At its best, the Children's Cabinet resolves barriers to mutual action and explores new means of working together in order to achieve results for children and families.

In April of 1997, the Rhode Island Children's Cabinet committed to working toward four broad outcomes for Rhode Island's children and families:

- All children will enter school ready to learn.
- All youth will leave school prepared to lead productive lives.
- All children and youth will be safe in their homes, schools, and neighborhoods.
- All families will be economically self-sufficient yet interdependent.

Later that year, the Cabinet partnered with Rhode Island KIDS COUNT to develop indicators and data sets designed to measure the state's progress toward achieving these goals. Throughout the past year, the Children's Cabinet agenda has been dedicated to policy discussions on our progress towards achieving the Children's Cabinet's goals, based upon presentations of data collected and analyzed by the state agencies and by Rhode Island KIDS COUNT. This report presents selected data and highlights from those discussions.

The data indicate that this state's social service programs are effectively moving Rhode Island towards these goals. We have talented and dedicated leaders in our social service agencies developing and administrating innovative programs, many of which are models for the nation. This dedication is also present on the front lines, and we must recognize the compassion and commitment of our entire social services work force. Community leaders, advocates and policymakers have achieved real gains for children.

However, the data also show that not all segments of our population are making these gains. We have significant disparities in outcomes among different racial and ethnic groups. While we have seen progress in our core cities, the gaps in opportunities and outcomes for children and families remain. The state has seen major demographic and economic changes over the last decade. The job growth Rhode Island has enjoyed in many sectors, such as high tech and finance, require higher education levels than many of our core urban families have attained.

The progress and challenges highlighted in this report substantiate the importance of the Children's Cabinet. The state of Rhode Island must build upon the success of state policies and investments and continually improve social services and education so that *all* of our families have the resources and skills needed to contribute to and benefit from Rhode Island's great quality of life.

We would like to thank each of the 2002 Rhode Island Children's Cabinet members for their work on behalf of Rhode Island's children and families:

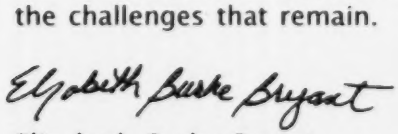
Lee H. Arnold, Director, Department of Labor and Training
Howard Boksenbaum, Acting Chief Information Officer
Robert L. Carl, Jr., Director, Department of Administration
Jane A. Hayward, Director, Department of Human Services
Jay G. Lindgren, Jr., Director, Department of Children, Youth and Families
Peter McWalters, Commissioner, Department of Elementary and Secondary Education
Jack Murphy, Associate Director, Child Support Enforcement
Patricia A. Nolan, M.D., Director, Department of Health
A. Kathryn Power, Director, Department of Mental Health, Retardation and Hospitals
Barbara Rayner, Director, Department of Elderly Affairs
Jack R. Warner, Commissioner, Department of Higher Education

Several former Children's Cabinet members deserve special mention for their commitment to results and their work in developing outcomes and indicators for Rhode Island's children and families:

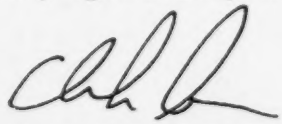
Michael DiBiase, Former Chair, Rhode Island Children's Cabinet
Christine C. Ferguson, Former Director, Department of Human Services
Barbara Weaver, Former Chief Information Officer

We would also like to express a debt of gratitude to Catherine B. Walsh, MPH, Deputy Director of Rhode Island KIDS COUNT for her management of this project and her overall commitment to improving the lives of Rhode Island's children. Thanks also to the staff of Rhode Island KIDS COUNT and to the senior data and policy staff of each of the state agencies that contributed the data used in this report. Special appreciation is extended to the Department of Administration staff who have supported the Children's Cabinet work since its beginning in 1991: Grace Beiser, Blanche Higgins, and currently Alvin Johnson.

As we move into 2003, we must renew our efforts to work across sectors - government, public, private, nonprofit, and philanthropic - to renew our commitments to our state's children and families. Together we must sustain the investments that have contributed to our progress and push forward in addressing the challenges that remain.



Elizabeth Burke Bryant
Executive Director
Rhode Island KIDS COUNT



Clark Greene
Chair
Rhode Island Children's Cabinet

A Demographic Look at Rhode Island's Children

According to information from Census 2000, there are currently 247,822 children under age 18 in Rhode Island. The increase of 22,132 children over the decade is one of the largest in Rhode Island's history. The national increase in the child population between 1990 and 2000 is second only to the baby boom decade. Rhode Island's 10% increase since 1990 was led by the state's Latino children. The increase in the population under age 18 varied widely among cities and towns in Rhode Island. The towns that had the top three increases from 1990 are West Greenwich (58%), Lincoln (33%), and South Kingstown (32%). While the child population increased in most of Rhode Island's towns, there are some that had decreases. Both Burrillville and Newport had decreases of 10% , the largest decreases in the state.

Rhode Island Children under Age 18 by Race and Ethnicity, 1990 and 2000

RACE OR ETHNICITY	1990 CHILD POPULATION	PERCENT OF TOTAL	2000 CHILD POPULATION	PERCENT OF TOTAL
Hispanic or Latino	16,107	7%	35,002	14%
Not Hispanic or Latino				
White	188,823	84%	180,075	73%
Black or African American	11,387	5%	13,585	5%
American Indian and Alaska Native	1,169	<1%	1,458	1%
Asian	6,031	3%	6,609	3%
Native Hawaiian Other Pacific Islander	na	na	70	<1%
Some other race	2,173	1%	2,874	1%
Two or more races	na	na	8,149	3%
Total	**225,690**	**100%**	**247,822**	**100%**

Note: Native Hawaiian Other Pacific Islander included in Asian category in 1990.

Source: U.S. Census Bureau, Census 2000, and Annie E. Casey Foundation KIDS COUNT Census Data Online.

Ages of Children

Compared to 1990, there is a larger proportion of school-age and older children in Rhode Island at the start of the 21st century. The largest increase in any age category was in the number of children in early adolescence (ages 10 to 14). Currently in Rhode Island, there are 63,896 children under the age of five, 71,905 between 5 and 9 years of age, 71,370 between 10 and 14 years of age and 40,651 between 15 and 17 years of age.

Diversity of Children

Children in Rhode Island in 2000 are significantly more diverse than those children in the state in 1990. In 2000, 27% of children under age 18 were minority (defined as all racial and ethnic groups except White, non-Hispanic) compared to 16% in 1990. The numbers of minority children in Rhode Island nearly doubled during the last decade while the number of White, non-Hispanic children decreased by nearly 9,000 (5%). Almost two-thirds of the children living in the core cities, those cities with greater than 15% of children living in poverty, are minority children. Census 2000 was the first time that there was a choice for "two or more races." Three percent of the non-Hispanic children in Rhode Island fall in two or more racial categories. The largest demographic increase since 1990 in the state's child population was in the number of Hispanic or Latino children.

A Demographic Look at Rhode Island's Children

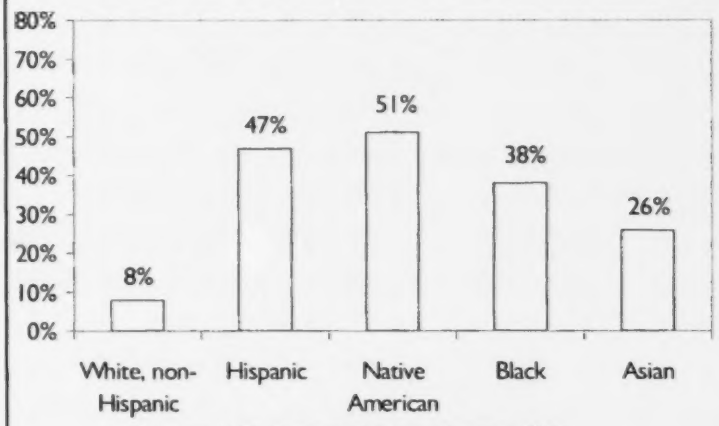
Children Living in Single-Parent Families

More Rhode Island children live in single-parent families and fewer in married-couple households than ever before. Of all Rhode Island children living with at least one biological or adoptive parent, 70% lived in married-couple families in 2000, down from 88% in 1970. Of the 67,978 children who lived in single-parent families in 2000, 83% lived in a household headed by a single mother and 17% lived in a household headed by a single father. Rhode Island has one of the highest rates of single-parent families in the country and the highest rate among New England states. Children living in single-parent families are at increased risk of living in poverty compared to children living in two-parent families. In 1998, 44% of Rhode Island's single-parent families with children were living below the poverty level, as compared to 3% of two-parent families with children.

Children in Poverty

Children in poverty are the most at risk of not achieving their full potential. As of April 1, 2000, 40,117 children in Rhode Island lived in families with incomes below the federal poverty threshold. This is 16.5% of all children in the state and 10,095 more children living in poverty than in 1990. The highest rates of childhood poverty in Rhode Island are among minority families and families with young children, single-parent families, and families living in the core cities and core urban neighborhoods.

Children in Poverty by Race and Ethnicity, Rhode Island, 2000



Source: U.S. Census Bureau, Census 2000.

Rhode Island's Core Cities

Rhode Island KIDS COUNT defines core cities as those communities in which 15% or more of the children live in families with income below the federal poverty level. According to the 1990 Census there were five core cities. Because of increases in child poverty between 1990 and 2000, West Warwick is a core city according to Census 2000 - with a child poverty rate of 18%. The other five core cities and their corresponding child poverty rates in 2000 are: Providence (40%), Pawtucket (25%), Woonsocket (31%), Newport (24%) and Central Falls (41%).

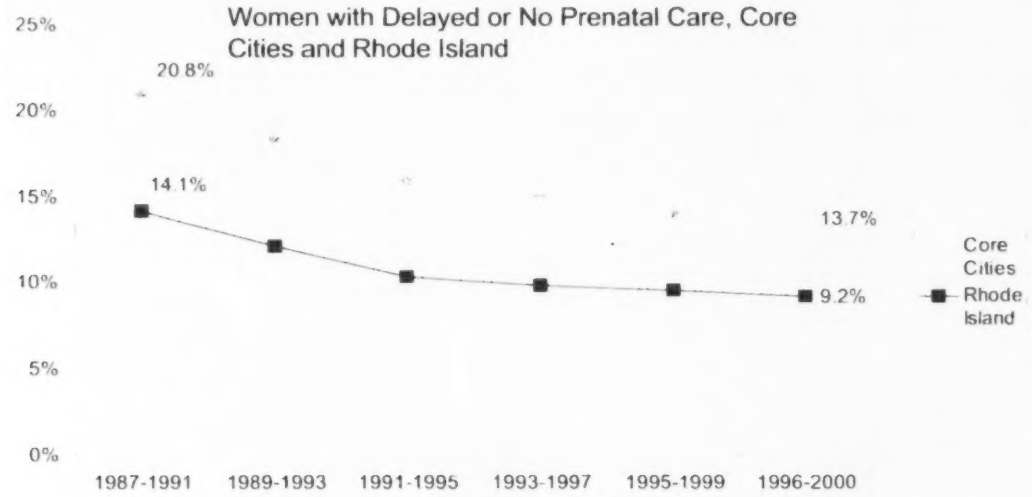
Note: Because most of the data in this report was compiled before the release of Census 2000, West Warwick is not included as a core city in any of the combined core cities measures.

All Children Enter School Ready to Learn

Prenatal Care
Health Insurance
Immunizations
Lead Poisoning
Early Care and Education
Full-Day Kindergarten

All Children Enter School Ready to Learn

Women with Delayed Prenatal Care



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database. Definition: Delayed prenatal care is defined as the percentage of women with prenatal care beginning in the second trimester or later or no prenatal care at all.

Timely and comprehensive prenatal care increases the likelihood of delivering a healthy infant of normal birthweight, results in fewer complications at birth, and reduces health care costs. Women receiving late or no prenatal care are at increased risk of having infants who are low birthweight, who are stillborn, or who die within the first year of life. Women who receive adequate prenatal care are more likely to obtain preventive health care for their children, such as scheduling well-baby visits, immunizations, and regular health check-ups. Early prenatal care is especially important for women who face multiple risks for poor birth outcomes, including poverty and low maternal education levels.

PROGRESS

+ Over the past decade, the rate of delayed prenatal care has dropped significantly for the state as a whole.

+ More women in the core cities receive timely prenatal care now than a decade ago.

+ Rhode Island is ranked first in the country for the fewest women with late or no prenatal care.

CHALLENGES

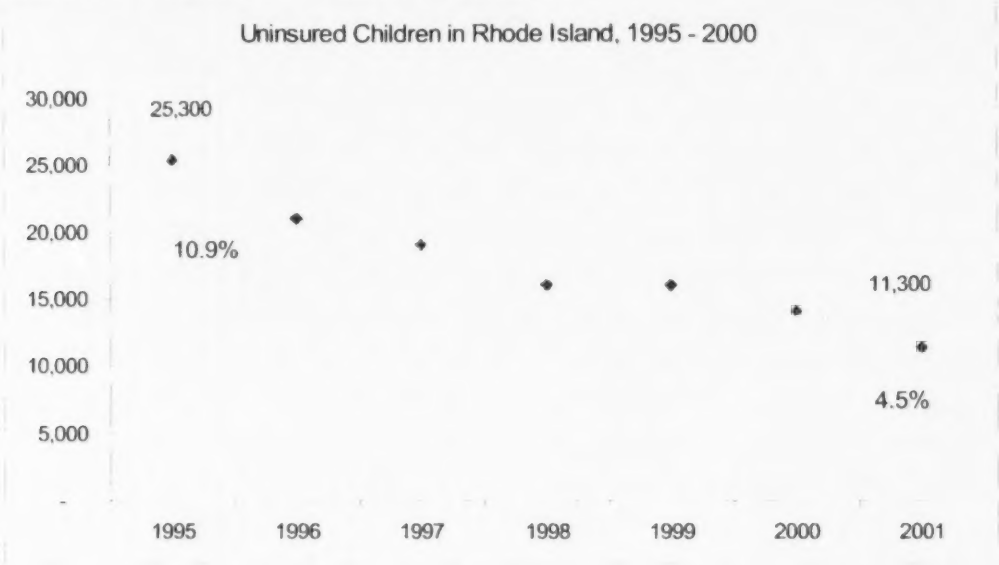
- Women in the core cities are still more likely to receive late prenatal care than women in the remainder of the state.

- Minority women are far less likely to receive timely prenatal care than White, non-Hispanic women.

% with timely prenatal care:
White: 92%; Black: 84%; Hispanic: 86%

All Children Enter School Ready to Learn

Children's Access to Health Insurance



Source: Current Population Survey, U.S. Census Bureau each year represents a three year average. Uninsured children are defined as children below age 18 who are not covered by any kind of health insurance during the previous calendar year.

Health care is vital to every child's healthy growth and development. Lack of health insurance coverage makes it difficult to obtain primary and specialty care. Children who lack health insurance coverage are more likely to be sick as newborns, less likely to be immunized as preschoolers, and less likely to receive medical treatment for injuries. Undiagnosed and untreated medical conditions can result in long-term health problems and interfere with learning and development. Children with parents who are insured are more likely to be insured themselves and to receive regular preventive health care.

PROGRESS

+ Rhode Island leads the country in providing health care to children. Rhode Island has the lowest rate of children under age 18 without health insurance (4.5% in 2001).

+ The percentage of Rhode Island children without health insurance has been reduced by more than half since 1995.

CHALLENGES

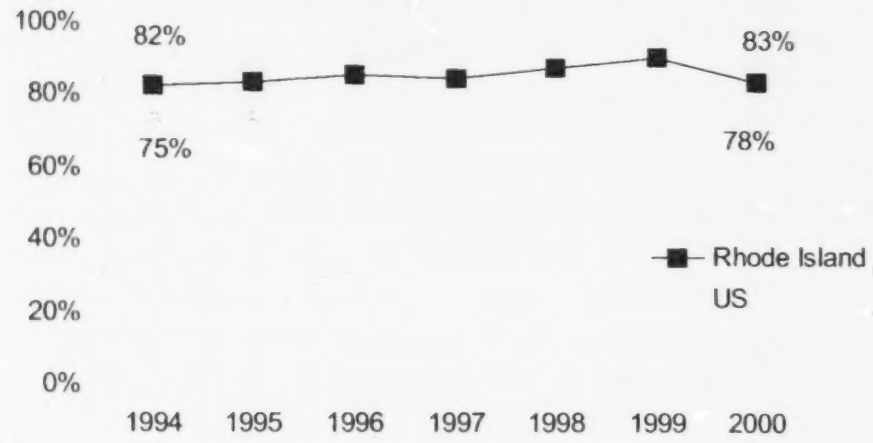
- Rates of uninsured children in Pawtucket (10%), Central Falls (7%) and Providence (7%) are greater than the state average.

- Barriers to maintaining health insurance coverage include increasing premium costs for families and burdensome reapplication processes.

All Children Enter School Ready to Learn

Immunization Rates

Percent of Two Year Olds With Up-To-Date Immunizations, U.S. and Rhode Island, 1994 - 2000



Source: The Annie E. Casey Foundation. KIDS COUNT Databook: State Profiles of Child Well Being 1995 - 2002. Definition of two year olds with up-to-date immunizations is the number of children ages 19 months to 35 months who have "4:3:1 Series Coverage".

Children need to be immunized according to the recommended childhood vaccination schedule to guard against preventable disease that can cause serious long term disabilities. Immunizations during childhood reduce the risk of later medical problems and expenses. It is estimated that for every dollar spent on immunizations ten dollars are saved in later medical costs. Children with family incomes below the poverty level are less likely to receive the combined series of immunizations than children with family incomes at or above the poverty level.

PROGRESS

+ Immunization rates in Rhode Island are consistently above the U.S. averages.

+ Nationally, racial and ethnic disparities in vaccination have been decreasing.

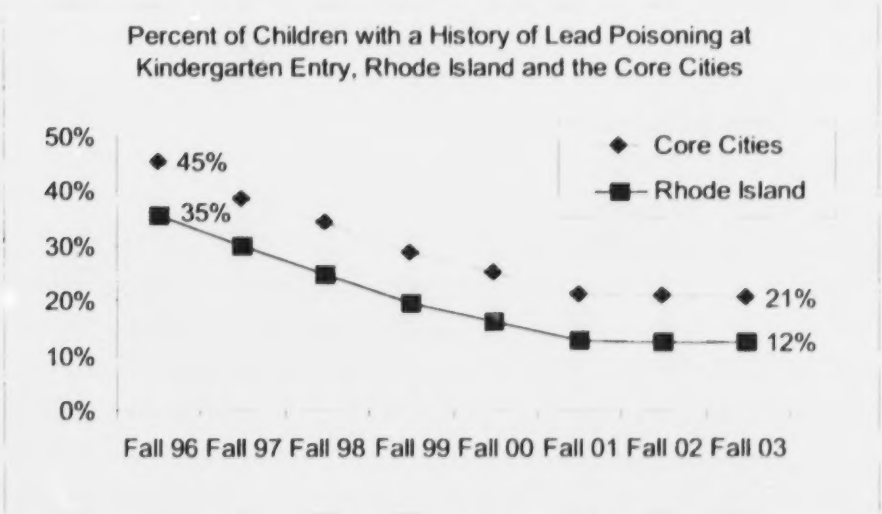
CHALLENGES

- Nationally, minority children and poor children are still less likely to receive recommended vaccinations.

- Children who do not have a regular primary health care provider are more likely to receive immunizations late or not have the full set of immunizations by the time they enter kindergarten.

All Children Enter School Ready to Learn

Children with Lead Poisoning



Source: Rhode Island Department of Health, Office of Occupational and Radiological Health and the Division of Family Health. Children with lead poisoning is defined as the percentage of 3-year-old children who had elevated blood levels (less than or equal to 10 ug/dL) at any time prior to December 31 of the year prior to kindergarten entry.

Childhood lead poisoning is one of the most common pediatric health problems, yet it is entirely preventable. Infants, toddlers and preschool age children are most susceptible to the toxic effects of lead and absorb lead more readily than adults. Lead's effects on the developing central nervous system may be irreversible. A strong link has been established between low level lead exposure in early childhood and later decreased academic performance. Children with lead exposure are more likely to have lowered IQ and behavioral problems, resulting in academic failure, need for special education services, and increased risk for juvenile delinquency.

PROGRESS

+ The number of children entering kindergarten with a history of elevated blood lead levels has decreased across the state as well as in the core cities.

+ The percentage of the children enrolled in Medicaid who are screened for lead poisoning in Rhode Island is much higher than the national average.

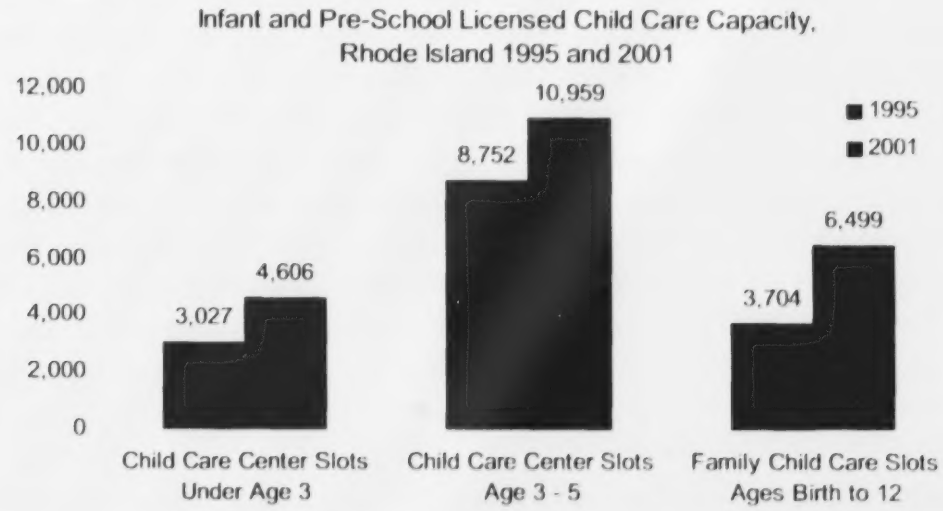
CHALLENGES

- Children in the core cities are still far more likely to have elevated blood lead levels.

- There are a significant number of rental properties in cities across the state that are known to have caused lead poisoning in multiple children and are still not lead safe.

All Children Enter School Ready to Learn

Early Care and Education



Source: Options for Working Parents, 1995 and 2001.

Child care has become a fundamental need for parents in Rhode Island and in the U.S. as a whole. High-quality child care provides a safe and nurturing environment for infants and young children. Participation in an early childhood education program can provide preschoolers with skills and enrichment that can increase their chances of success in school. Children from all backgrounds who have received high quality child care score higher on tests of both cognitive and social skills in their early school years than children in poor quality care. Low-income children who receive high quality early education score significantly higher on tests of reading and math from primary grades through middle adolescence.

PROGRESS

+ Increased state funding for child care has increased the capacity of the system to provide care for more children.

+ The Rhode Island Comprehensive Child Care Program provides a full range of developmentally appropriate services to 500 preschool children.

+ The number of infants and young children served by Early Head Start and Head Start has increased.

CHALLENGES

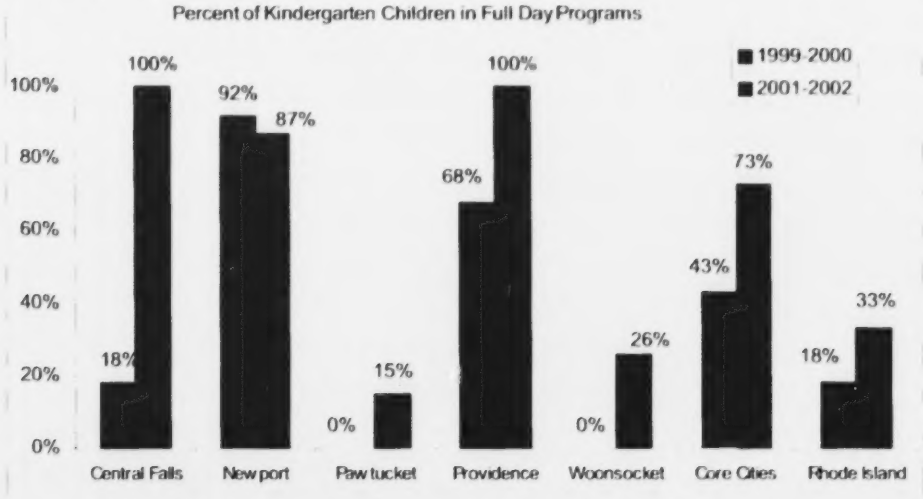
- While the state is making progress by implementing Early Learning Standards, there are still no consistent measures of child care quality in Rhode Island.

- In 2001, only 26 of 261 licensed child care centers and 17 of 1,061 family child care homes were accredited.

- The child care/early education system is challenged by high turnover rates of teachers and insufficient supply of comprehensive programs for children at risk.

All Children Enter School Ready to Learn

Full-Day Kindergarten



Source: Rhode Island Department of Elementary and Secondary Education 1999-2000 and 2001-2002 school years. Full-day kindergarten is the percentage of public school kindergarten children enrolled in a full-day kindergarten program.

Research shows that many children benefit academically from participation in full-day kindergarten and are more likely to be ready for the first grade than children in half-day kindergarten programs. Full-day kindergarten programs are especially beneficial to children from low-income and educationally disadvantaged backgrounds. Teachers and parents report that children in full-day kindergarten have more time to discover at a relaxed pace, more opportunities to choose activities and develop their own interests, and more time for creative activities. Children who attend full-day programs exhibit more independent learning, classroom involvement, and productivity in work with peers than children who attend half-day programs. Finally, teachers in full-day programs are better able to assess children's progress than in half-day programs.

PROGRESS

+ More school districts are offering full day kindergarten and the number of kindergarten children enrolled in a full-day program has doubled statewide.

+ Three of the five core cities (Central Falls, Newport and Providence) offer universal access to full-day kindergarten.

CHALLENGES

- Only one in three kindergarten children statewide attend full-day programs compared to one in two nationally.

- Fewer than one in four students in Woonsocket and Pawtucket have access to a full-day kindergarten program.

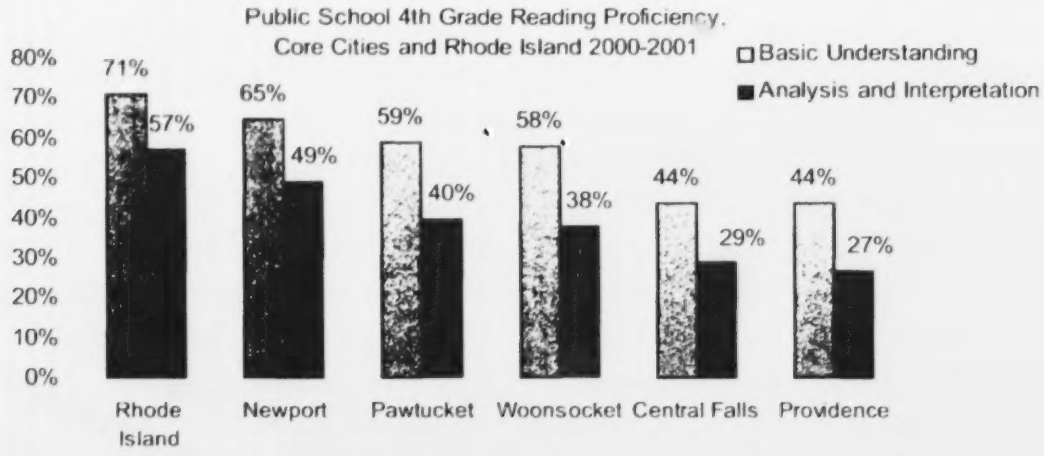
- Only six of Rhode Island's thirty-six school districts offer universal access to full-day kindergarten.

All Children Leave School Prepared to Lead Productive Lives

Reading Proficiency in 4th Grade
High Performing Schools
English Language Learners
School-Age Child Care
Births to Teens
High School Graduation

All Children Leave School Prepared to Lead Productive Lives

Reading Proficiency in the Fourth Grade



Source: Rhode Island Department of Elementary and Secondary Education. Numbers represent the percentage of fourth-grade students scoring at or above the proficiency level for reading New Standards English Arts Reference Exam at Grade 4, 2000 - 2001 school year.

Reading skills are critical to a student's success in school and in the work force. Students who cannot read are more likely to be absent from school, exhibit behavior problems, have low levels of self-confidence, and perform poorly in school. Effective curricula include explicit comprehension strategies (such as summarizing the main ideas) and help build the child's background knowledge and vocabulary. Literacy begins long before children encounter formal school instruction in writing and reading. Reading to young children at home and participation in preschool programs are two factors that make a difference in reading achievement and overall success in school.

PROGRESS

+ On the National Assessment of Educational Progress (NAEP), a federally-sponsored state survey, 32% of Rhode Island's fourth graders scored at or above proficient in 1998, higher than the national average (29%).

CHALLENGES

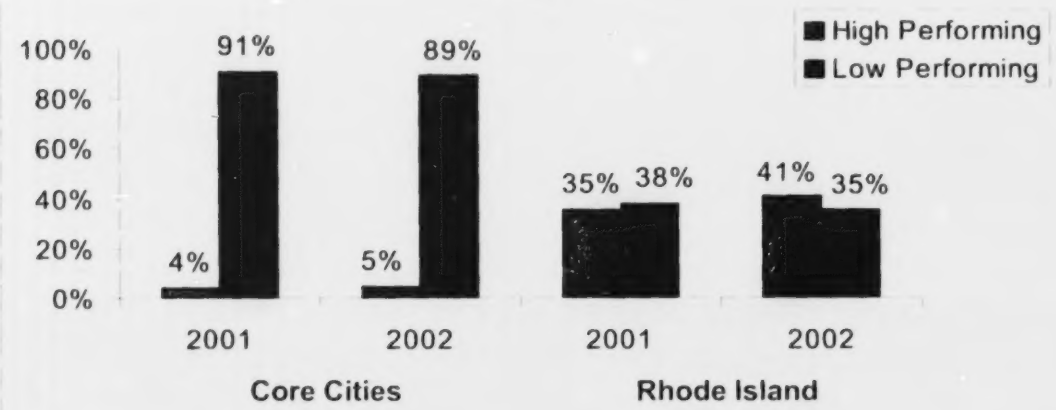
- Children in the core cities consistently score below state averages for reading proficiency.

- Schools, child care/early education providers, community agencies and parents can work more closely together to improve the language and literacy development of the most disadvantaged children.

All Children Leave School Prepared to Lead Productive Lives

High Performing Schools

School Performance, Core Cities and Rhode Island
2001 and 2002



Source: Rhode Island Department of Elementary and Secondary Education, using three years of tests 1999, 2000 and 2001. High Performing Schools are those in which at least 50% of students achieved the standard on the New Standards Reference Examinations in English Language Arts and The Rhode Island Writing Assessment; Low Performing Schools are those in which 33% or more performed significantly below the standards or did not score.

Appropriate accountability systems that regularly measure student performance can improve instruction and student learning. Accountability standards make intended learning goals explicit and provide periodic feedback to parents, students, teachers, policymakers and the public. It is important that performance assessments are consistent with the schools' content standards, specifying what teachers are supposed to teach and what students are expected to learn.

PROGRESS

+ Almost half (42%) of all schools in Rhode Island improved in 2001. This increased to 61% of schools showing improvement in 2002.

+ Almost half of all schools in the core cities showed improvement in 2001 and 2002. This is comparable to the improvements seen in the remainder of the state.

CHALLENGES

- Children in the core cities are far more likely to attend low-performing schools.

- Many schools in the core cities are showing improvement in student performance. Investments in urban education are critical if we are to close the achievement gap between more affluent and less affluent communities.

All Children Leave School Prepared to Lead Productive Lives

English Language Learners, 1990-91 and 2000-01

Source: Results: Education in Rhode Island 2001 (2001). Providence, RI: Rhode Island Public Expenditure Council and the Rhode Island Department of Elementary and Secondary Education. English Language Learners are public school children who are receiving English as a Second Language (ESL) or bilingual instruction in Rhode Island public elementary and secondary school districts.

Children of recent immigrants are at high risk for difficulties at school. They face multiple risk factors including poverty, low educational level of parents non-English speaking backgrounds, and discrimination based on race, ethnic background, culture or language. Of all public agencies, schools have been among the most dramatically affected by the increase in immigrant children and children of immigrants. Schools play a critical role in helping children to transition to the culture of the United States and in providing an education that supports academic success for children with a primary language other than English.

PROGRESS

+ In September 2000, the Rhode Island Department of Education issued new regulations legally mandating the provision of bilingual education and ESL programs to English Language Learners that are comparable in structure and academic content to that of their English-language peers.

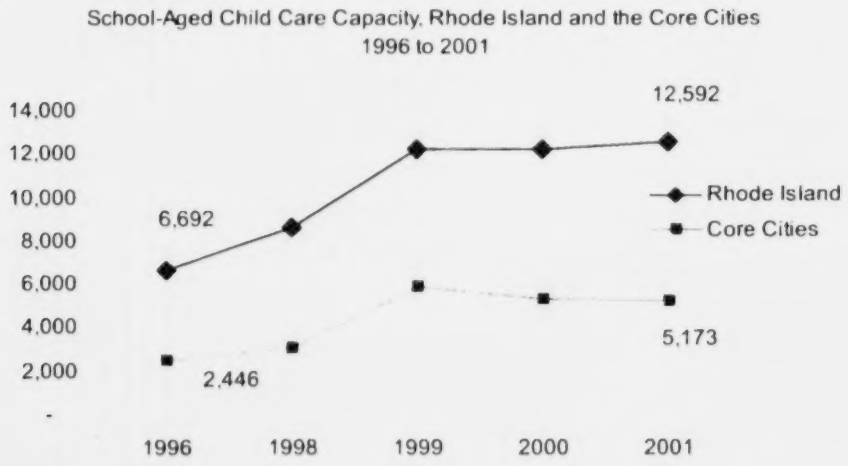
CHALLENGES

- 82% of all English Language Learners go to school in Providence, Pawtucket, Woonsocket, Newport and Central Falls.

- Rhode Island's lack of data based on a unique student identifier makes it difficult to assess the academic progress of English Language Learners in order to improve services and outcomes.

All Children Leave School Prepared to Lead Productive Lives

School-Age Child Care



Source: Options for Working Parents 1996-2001. Note: Data for 1997 is not available. School-age child care is the number of licensed child care programs and slots for children ages 5 to 12.

Many parents need care for children during their work hours. Children spend only 20% of their waking hours in school. Many children are alone during the hours before and after school. Low-income children and children in urban or high-crime neighborhoods are most at risk when they spend time caring for themselves. Children who are without adult supervision when school is out are at significantly greater risk of truancy from school, emotional stress, receiving poor grades, substance abuse, sexual activity, and crime. Juvenile crime peaks between the hours of 3 p.m. and 8 p.m. Children in high-quality, well-designed after school programs have better peer relations, emotional adjustment, grades, and conduct in school than their peers in other care arrangements.

PROGRESS

+ Since 1996, there have been substantial increases in the number of child care opportunities for school aged children in the state as a whole and in the core cities.

+ Under Article 31, the state has made school-age child care funds available to local school districts for programs in middle schools. Funds are being used for programs in East Providence, Pawtucket, Providence, West Warwick and Woonsocket.

CHALLENGES

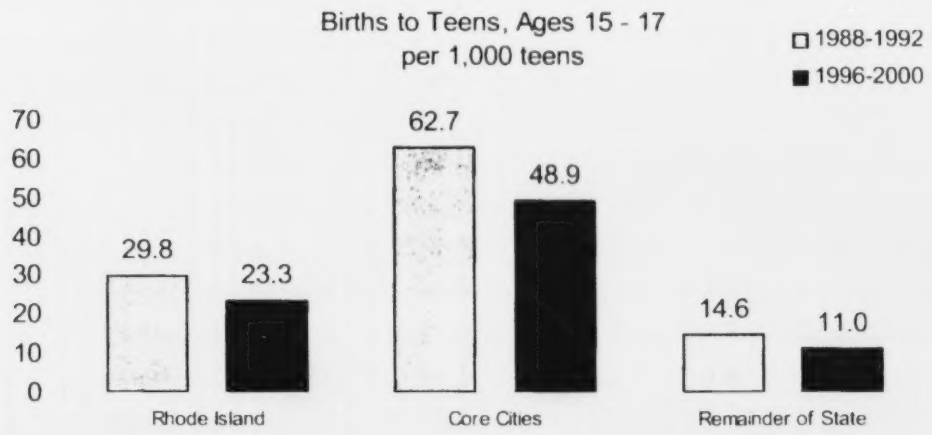
- The quality of school-age child care programs varies across the state.

- Child care subsidies for children for young adolescents up to age 16 are underutilized, yet are an entitlement for families with incomes up to 225% of the federal poverty line.

- It is estimated by the Rhode Island SALT survey that more than one in five middle school students is home alone after school for at least three hours at least three days a week.

All Children Leave School Prepared to Lead Productive Lives

Births to Teens



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database 1988 - 1992 and 1996 - 2000. Births to teens is defined as the number of births to teen girls ages 15 to 17 per 1,000 teen girls.

Teen pregnancy and parenting threatens the development of teen parents as well as their children. Teen mothers are less likely to obtain adequate prenatal care and to have the financial resources, social supports and parenting skills needed for healthy child development. Children born to teen parents are more likely to suffer poor health, experience learning and behavior problems, live in poverty, go to prison, or become teen parents themselves. While teen pregnancy occurs in families of all income levels, teens who give birth are more likely to come from economically disadvantaged families and communities. Poor academic achievement is a key predictor of teen pregnancy. Teen parents are more likely to delay or not finish school, putting them at greater risk of facing unemployment, low-wage jobs, and poverty.

PROGRESS

+ Teen birth rates for girls ages 15 to 17 declined significantly in each of Rhode Island's core cities over the past decade.

+ Rhode Island's teen birth rate is slightly below the national average.

CHALLENGES

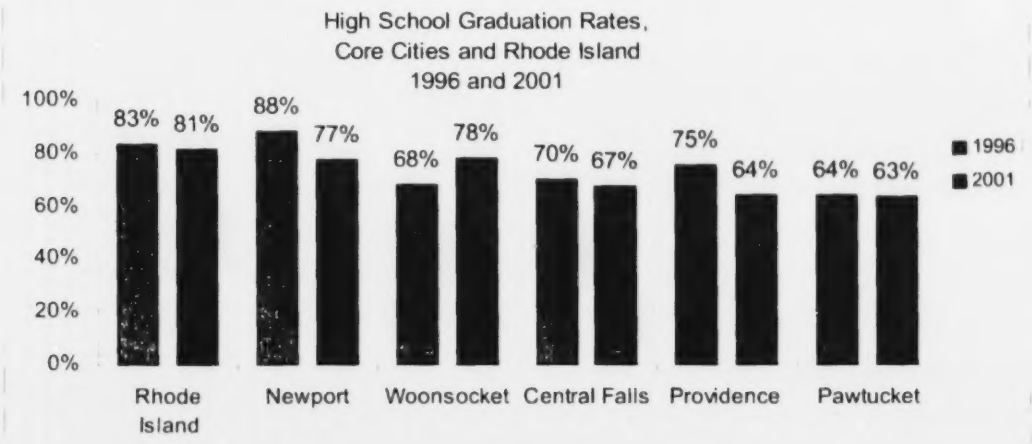
- Teens residing in the core cities are still far more likely to become teen parents than other Rhode Island teens.

- Although there are fewer teen births than a decade ago, Providence has one of the highest teen birth rates among similar size cities across the country.

- Repeat births to teens is a concern. 21% of teen births are to teens who already have one or more children.

All Children Leave School Prepared to Lead Productive Lives

High School Graduation



Source: Rhode Island Department of Elementary and Secondary Education, 2000 - 2001 School Year. Rates represent the percentage of the ninth-grade class that is expected to graduate, based on the existing dropout incidence among 9th - 12th grade students.

Children who receive a quality education are more likely to grow up to be productive adults who contribute to their communities. Social background factors such as limited English proficiency, family income, parent education, and family structure are associated with various levels of educational access and different educational outcomes. Children and teens in economically disadvantaged communities are more likely to drop out of school. Student achievement and graduation rates can be improved when schools have high expectations for all students; have effective and up-to-date curricula and teaching methods; prepared and sufficiently supported teachers; strong home/school linkages; adequate accountability systems; and effective and equitable allocation of resources.

PROGRESS

+ High schools across the state are working to restructure programs and administration in order to provide increased social and academic support to students.

+ In 2002, 59% of Rhode Island high schools were improving school performance compared to 42% in 2001.

CHALLENGES

- The core cities continue to have high school graduation rates far below the rest of the state.

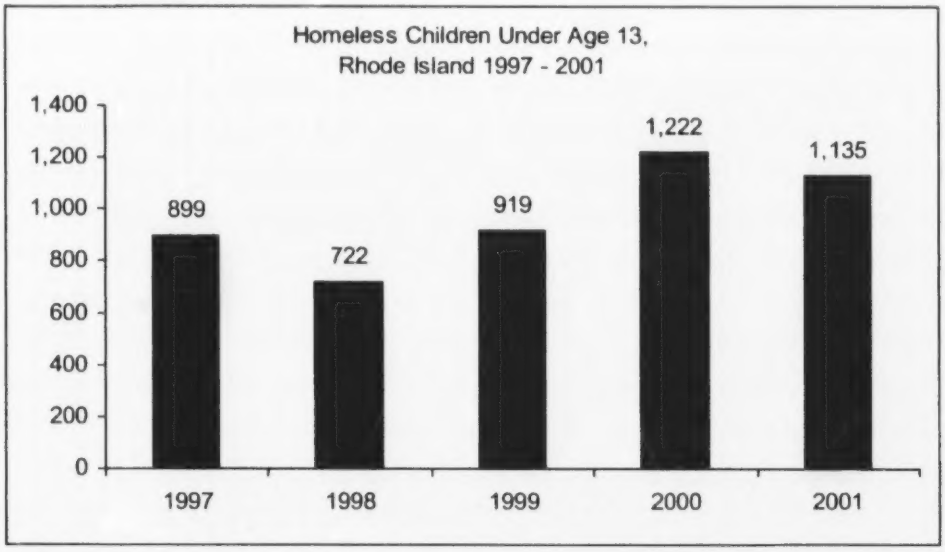
- Minority children are far less likely to graduate from high school. In 2000-2001 the graduation rate for youth in Rhode Island was 85% for White, non-Hispanics, 78% for Asians, 68% for Blacks and 63% for Latinos.

All Children Are Safe in Their Homes, Families and Communities

Homeless Children
Children Witnessing Domestic Violence
Child Abuse and Neglect
Out-of-Home Placement
Teen Violent Crime
Youth at the Training School

All Children Are Safe in Their Homes, Families and Communities

Homeless Children



Source: RI Emergency Shelter Information Project Annual Reports 1997 – 2001. Numbers include children under 13 years old who received emergency housing services at emergency shelters and domestic violence shelters only.

Family homelessness in the United States has increased during the last 15 years. In the U.S., more than 40% of the homeless are women and children, the fastest growing homeless group. The shortage of affordable apartments and the dwindling availability of subsidized housing have put more families at risk for homelessness. Homeless children are more likely to get sick, have poor nutrition, develop mental health problems, have academic problems and experience violence than children who are not homeless. Infants, toddlers and preschoolers who are homeless develop more slowly and may develop emotional problems serious enough to require professional care.

PROGRESS

+ There is a strong shelter system in Rhode Island, including emergency shelters and domestic violence shelters.

+ There is growing awareness and action to meet the educational, health, and developmental needs of homeless children.

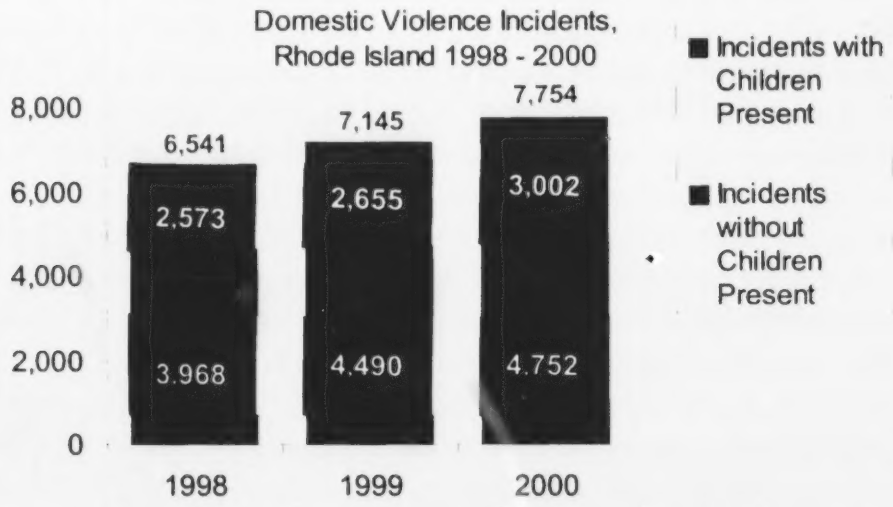
CHALLENGES

- There are more than 1,000 young children who are homeless in Rhode Island each year.

- There are more than 100 homeless teens in the emergency shelter system each year and many more who are runaways or throwaways. Currently, Rhode Island does not have an overnight shelter for runaway youth.

All Children Are Safe in Their Homes, Families and Communities

Children Witnessing Domestic Violence



Source: Rhode Island Supreme Court Domestic Violence Training Unit, 1998 - 2000. Children witnessing domestic violence is defined as the percentage of reported domestic violence incidents in which children under age 18 were present in the home.

Domestic violence is a serious social issue that affects all communities and cuts across racial, ethnic and economic lines. It is estimated that one-fifth to one-third of all women are assaulted by a partner or ex-partner during their lifetime. Children are exposed to domestic violence in several ways. They may witness or hear violent events, become directly involved by trying to intervene, or experience the aftermath of violence by seeing their mother's emotional and physical injuries or damage done to their homes. Children who are exposed to domestic violence are much more likely to be victims of child abuse and neglect. Exposure to domestic violence has an adverse impact across a range of child functioning. The effects of exposure to domestic violence can last into adulthood.

PROGRESS

+ Law enforcement responses to domestic violence have improved over the last decade. Rhode Island police officers use special reporting forms to document children's exposure to violence and in many areas receive training in ways to respond to children witnessing domestic violence.

+ During 2001, Rhode Island's domestic violence agencies provided services to 896 children including but not limited to counseling and child care.

CHALLENGES

- The overall number of domestic violence incidents and the number of incidents with children present have increased over the last three years.

- Research indicates that domestic violence is present in at least one-third of families who are involved in child abuse and neglect cases. Adequate resources are needed to sustain comprehensive community-based prevention and treatment strategies.

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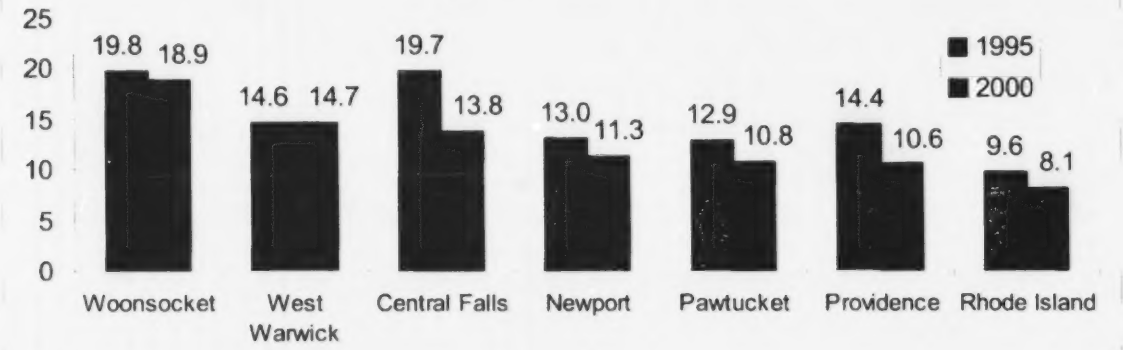
All Children Are Safe in Their Homes, Families and Communities

Child Abuse and Neglect

Rate of Child Abuse and Neglect per 1,000 children
in Rhode Island Communities, 1995 and 2000



Source: Rhode Island Department of Children Youth and Families, RICHIST Database 1996 and 2001.
Child abuse and neglect is the total number of indicated cases of abuse and neglect per 1,000 children.

Preventing child abuse and neglect is critical to helping children grow into strong, healthy and productive adults and good parents. Child abuse is linked to increases in poor school performance, juvenile delinquency, running away, substance abuse, suicide, criminal behavior, emotional disturbances, promiscuity and teenage pregnancy. Many abusive parents lack essential parenting skills and are struggling with a combination of social and economic issues. Preventing child abuse and neglect requires adequate income supports, housing, food and child care as well as parenting education and other problems.

PROGRESS

+ Since 1995, Providence and Central Falls have had significant decreases in their rates of child abuse and neglect.

+ Woonsocket, with the highest rate of child abuse in the state, has launched a child abuse prevention task force to develop short-term and long-term strategies to address the underlying problems.

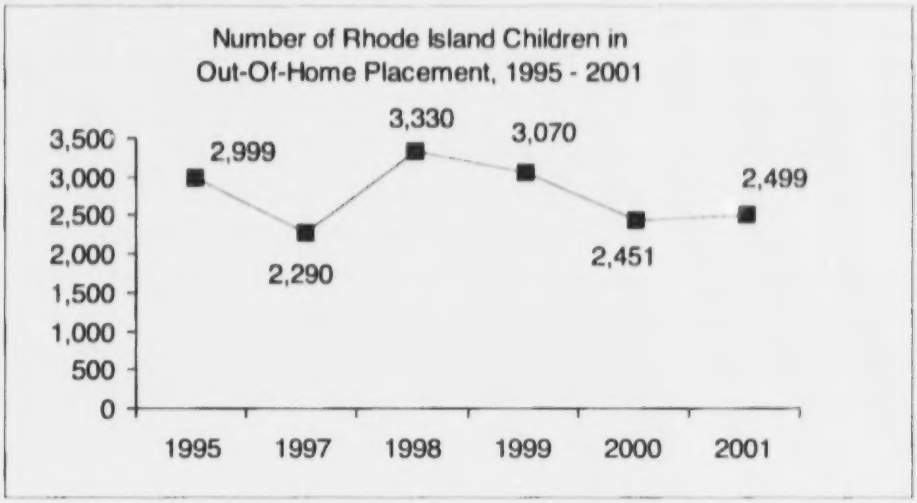
CHALLENGES

- Children living in the core cities are more than twice as likely to be victims of child abuse or neglect as children in other communities.

- Many cases of child abuse and neglect are related to parent's abuse of drugs and/or alcohol yet substance abuse treatment resources are often not available.

All Children Are Safe in Their Homes, Families and Communities

Out-of-Home Placements



Source: Rhode Island Department of Children Youth and Families, RICHIST Database. 1995 - 2001. Children in Out-of-Home Placements are children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families while awaiting permanent placement. Out-of-home placements include foster homes, placement with a relative or friend, group homes, shelter care, residential treatment, and medical facilities. Note: Data not available for 1997.

Children need stability, permanency and safety in order to develop and flourish. Removal from the home may be necessary for the child's safety and well-being; however, it can be disruptive and traumatic for both the child and family. Children who have been abused or neglected are particularly vulnerable and in need of a safe, stable and permanent environment which provides for their well-being. Yet children in out-of-home placements frequently remain in temporary placements for extended periods of time, experience multiple placements, lose contact with family members, friends and neighborhoods, and may experience recurrence of abuse.

PROGRESS

+ As a result of court action in 2001 by the Office of the Child Advocate, a court order now reaffirms the principle that night-to-night placements are unacceptable, except in rare emergencies.

NOTE: Night-to-night placements refer to the temporary nightly placement of youth under the care of DCYF who are awaiting longer-term placements.

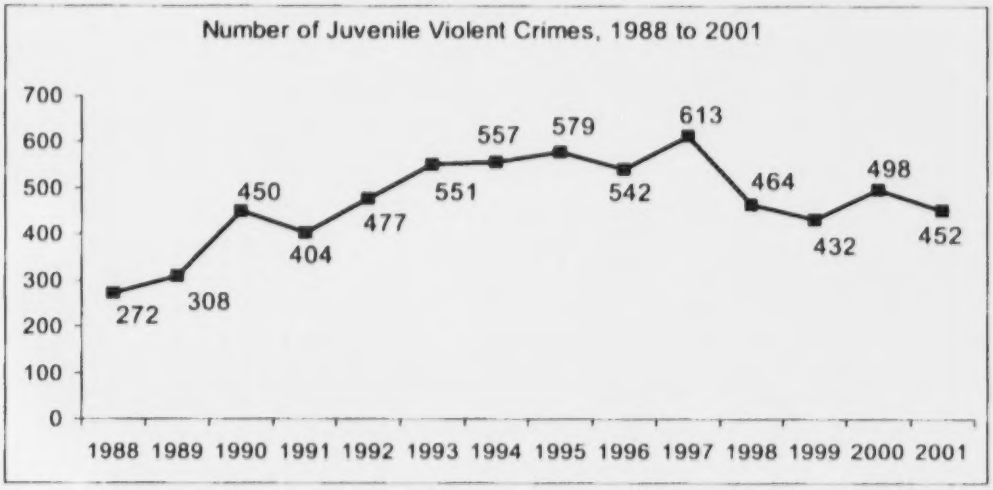
CHALLENGES

- There are still a significant number of Rhode Island children, mostly teens, who are in night-to-night placements.

- National data indicate that poor families are more likely to have their children removed and placed in foster care. Once in foster care, children of color are more likely to remain there for long periods of time and to experience multiple placements.

All Children Are Safe in Their Homes, Families and Communities

Teen Violent Crime



Source: Rhode Island Family Court, Juvenile Offense Reports, 1988 to 2001. Definition is the number of violent crimes offenses committed by youth under the age of 18. Violent crime includes robbery, aggravated assault, homicide and sexual assault.

Poor school performance, including chronic truancy and falling behind one or more grade levels, increases the likelihood of involvement with the juvenile justice system. Other risk factors include poverty, family violence, inadequate supervision, limited education and job skills, substance abuse and mental health problems. Studies have shown that a small number of youth are responsible for the majority of all serious and violent juvenile crimes.

PROGRESS

+ The number of violent crimes committed by juveniles in Rhode Island has dropped since they peaked in 1997.

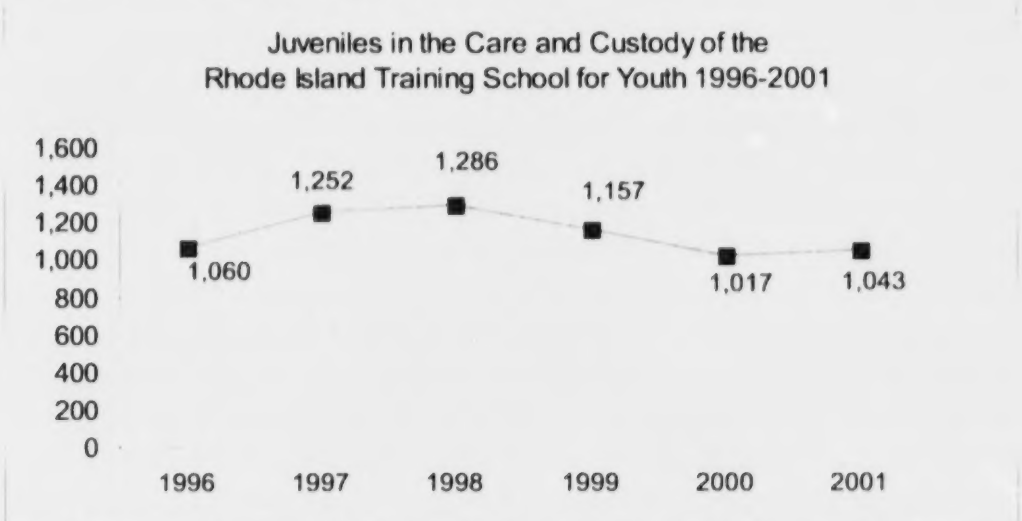
+ Rhode Island is ranked 1st in the country for lowest rate of teen deaths by accident, homicide and suicide.

CHALLENGES

- Youth are often the victims of violent crime. Between 1996 and 2000 in Rhode Island, there were 27 gun deaths to teens ages 15 to 19 and six gun deaths involving children ages 14 and younger. 69 children were hospitalized with gunshot wounds.

All Children Are Safe in Their Homes, Families and Communities

Youth at the Training School



Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST). Number represents the total number of youth who passed through the Rhode Island Training School for Youth in the calendar year.

Juvenile detention facilities must balance public safety with the need for treatment and rehabilitation of young offenders. A combination of persistent poverty, school problems, family issues, drug use, and/or unmet mental health and special education needs are associated with risk for involvement with the juvenile justice system. Nationwide, only a fraction of incarcerated youth are dangerous. Most are incarcerated for drug and property offenses that could be addressed through diversion programs. The cause of delinquent behavior may be directly related to a child's undetected and/or inadequately treated disability. In 2001, the rate of residents at the Rhode Island Training School receiving special education services was nearly twice the rate statewide.

PROGRESS

+ The number of youth at the Rhode Island Training School for Youth, the state's juvenile detention facility, has declined since its peak in 1998 but is still over its capacity.

CHALLENGES

- Minority youth are far more likely to be incarcerated than are White, non-Hispanic youth. Although they comprise only 27% of Rhode Island's child population, at least 60% of the youth at the Rhode Island Training School on December 31, 2001 were minority youth.

- Many of the youth at the Training School have a history of school failure, special education needs and/or child abuse and neglect.

All Children Live in Families that Are Economically Secure

Children in Poverty

Median Family Income

Housing Costs

Educational Attainment

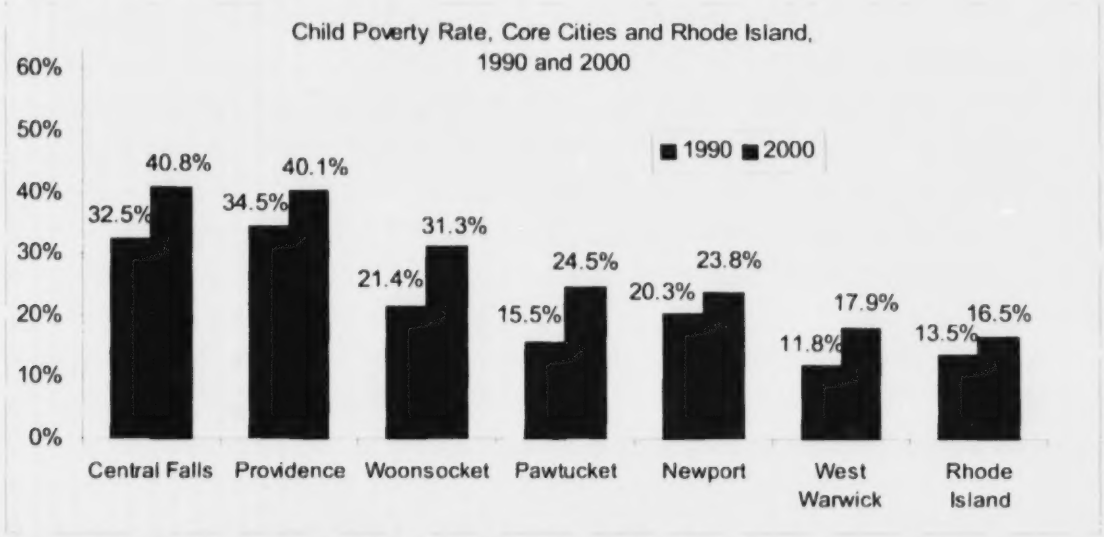
Children in the Family Independence Program

Supports for Working Families:
Child Care and Health Insurance

30

All Children Live in Families that Are Economically Secure

Children in Poverty



Source: U.S Census Bureau, 1990 and 2000 Census of the U.S. population. Children i n poverty are those children living in families with incomes below the Federal Poverty Level (FPL).* The current Federal Poverty Threshold is $17,960 for a family of four with two children.

Children most at risk of not achieving their full potential are children in poverty, regardless of race. According to Census 2000, there are 40,117 children living in poverty in Rhode Island. Poverty is related to every KIDS COUNT indicator. Children in poverty are more likely to have difficulty in school, to become teen parents and to earn less as adults. Single parenthood, low educational attainment, part-time or no employment and low wages of parents place children at risk of being poor. Children in low-income communities are more likely to attend poor quality schools; have less access to libraries and cultural activities; have limited access to high quality child care programs and have fewer opportunities to participate in sports and recreation programs after school and in the summer.

PROGRESS

+ According to the 2001 Rhode Island Standard of Need developed by the Poverty Institute at Rhode Island College School of Social Work, many more low-income families are able to meet basic living expenses because they are able to access child care subsidies and publicly-funded health insurance.

CHALLENGES

- The child poverty rate in Rhode Island increased from 13.5% in 1990 to 16.5% in 2000. There was an increase in the child poverty rate in all of the core cities over the decade.

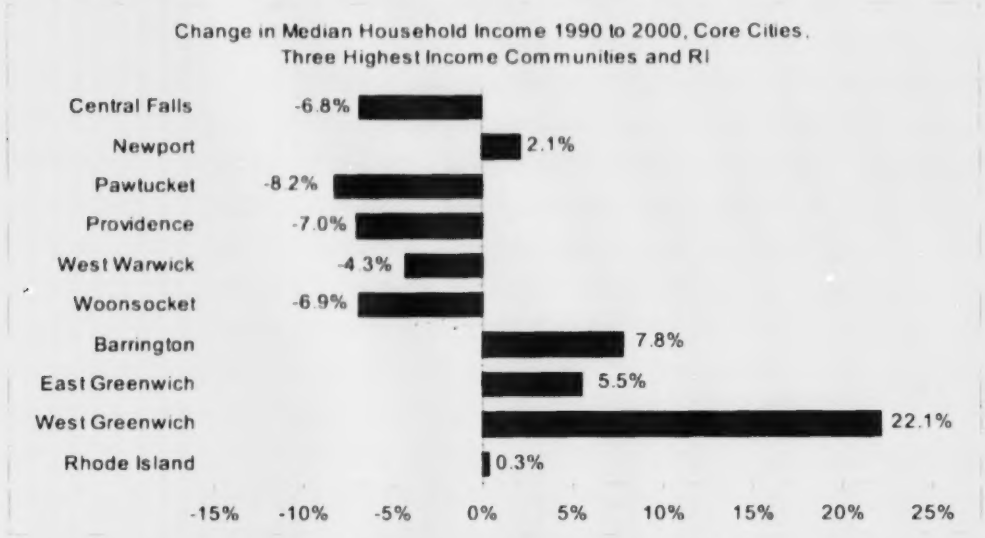
- Providence now has the third highest child poverty rate of all U.S. cities with a population of more than 100,000.

- West Warwick's child poverty rate of 18% makes it the 6th core city (i.e., any RI city with a child poverty rate over 15%).

31

All Children Live in Families that Are Economically Secure

Median Household Income



Source: U.S. Census Bureau, 1990 and 2000 U.S. Census of the Population. Median household income is the dollar amount that divides the income distribution into two equal groups, half with income below the median and half with income above it.

The median household income provides one measure of the ability of Rhode Island's families to meet the costs of food, clothing, housing, health care, transportation, child care, and higher education. According to Census 2000, one-half of all Rhode Island families with children under age 18 earned less than $42,090 and one-half earned more. Earnings are highly correlated with education level among cities and towns in Rhode Island. The highest income communities in the state have far higher educational attainment levels than those with the lowest median household income. Higher education levels increases earnings across all racial and ethnic categories.

PROGRESS

+ The Rhode Island median household income is slightly higher than the U.S. median.

+ Income is highly correlated with educational attainment. Between 1990 and 2000 there was an increase in the percentage of Rhode Island adults over age 25 with at least a bachelor's degree.

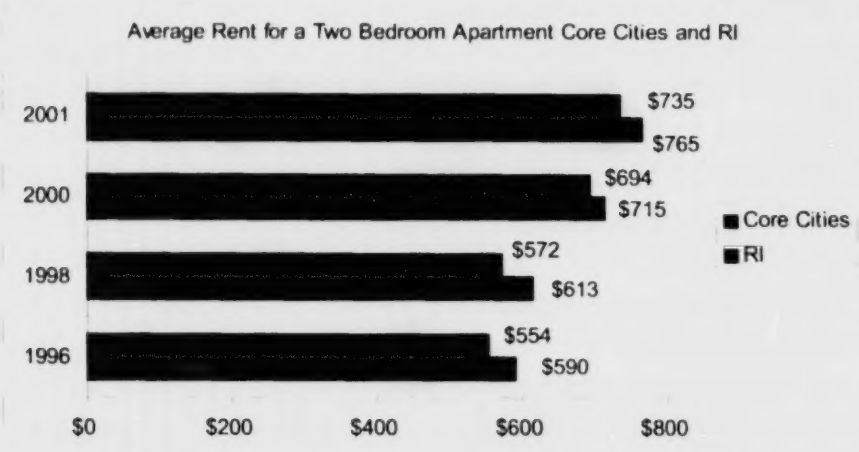
CHALLENGES

- After adjusting for inflation, over the decade of the 1990's Rhode Island's highest-income communities saw significant increases in median household income while the lowest income communities had real declines.

- Among core cities, only Newport had an increase in median household income between 1990 and 2000.

All Children Live in Families that Are Economically Secure

Housing Costs



Source: Rhode Island Housing and Mortgage Finance Corporation Rent Surveys, 1996 - 2001.
Average rents include the HUD allowance for heat if heat was not included in the rent.

Inadequate, costly or crowded housing has a negative impact on children's health, safety, education and emotional well being. Nationwide over the last three decades, the rate of families living in inadequate housing and crowded housing has slightly declined. At the same time, the percentage of families with a cost burden (that is, paying more than 30% of their income for housing) has risen. Families with high housing costs are likely to go without other basic necessities, such as food, medicine and clothing in order to pay their rent (or mortgage) and utilities. Severe financial strain can hinder effective parenting, heighten conflict and contribute to the break-up of families. The growth in income inequality in Rhode Island during the 1990s has contributed to the housing crisis for low-income and moderate-income families.

PROGRESS

+ In March, 2002 the Governor signed into law a joint resolution approving funding for the Neighborhood Opportunities Program. This program will create 200 new units of affordable housing over two years and provide grants to local communities for renovations, demolition and home ownership opportunities.

CHALLENGES

- Rental prices increased significantly over the past decade. In 2001, a family living at the poverty level in Rhode Island must pay 63% of their income to afford an average two-bedroom apartment.

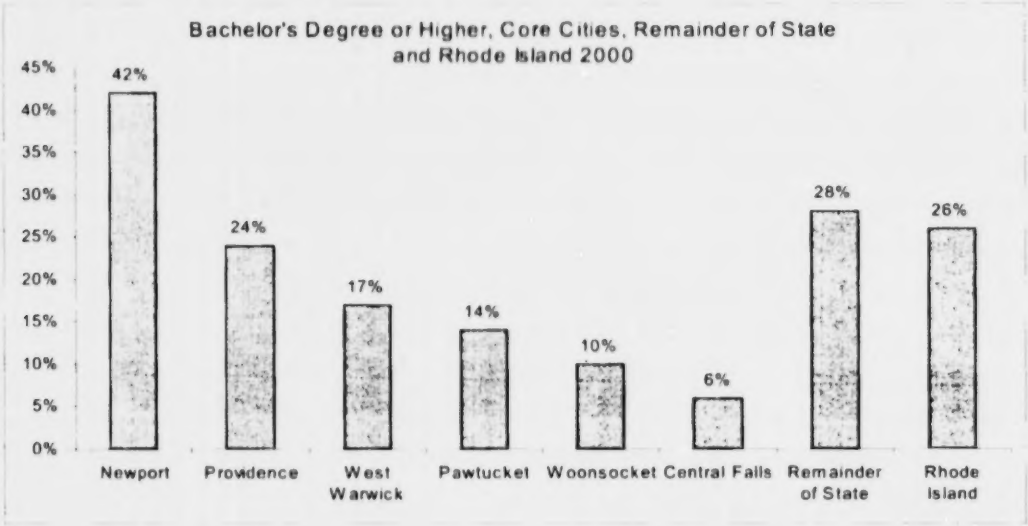
- Federal housing subsidies have declined over the decade contributing to the shortage of affordable housing.

- High housing costs make it difficult for families to meet basic needs and can result in frequent moves that compromise children's educational achievement and social development.

33

All Children Live in Families that Are Economically Secure

Educational Attainment



Source: U.S. Census Bureau, Census 2000. Numbers include those adults over age 25 with a Bachelors degree or higher as a percentage of all adults over age 25.

Educational attainment rates vary across the state. Some of the communities with the highest child poverty rates and lowest median household incomes also have the lowest adult educational attainment levels. Earnings increase dramatically with educational level across all racial, ethnic and gender categories. Children who live in low-income communities often face multiple barriers to achieving higher education levels. In Rhode Island, children who live in low-income communities are far less likely to attend high performing schools and are less likely to graduate than are children in the rest of the state.

PROGRESS

+ Educational attainment levels have increased statewide since 1990, with more adults having graduated from high school and more with at least a bachelor's degree.

+ Rhode Island adults have attained education levels nearly equal to the U.S. averages.

CHALLENGES

- Rhode Island lags behind other New England states on almost all levels of educational attainment.

- Of the adults 25 years and older living in the core cities, 13.5% (29,927) have less than a ninth grade education compared to only 5.6% in the remainder of the state.

All Children Live in Families that Are Economically Secure

Children Enrolled in the Family Independence Program

Source: Rhode Island Department of Human Services, INRHODES Database, 1994 to 2001

Rhode Island's Family Independence Program (FIP) seeks to help families make successful transition to work by providing the work supports that families need to obtain and keep a job. Rhode Island has experienced a more gradual caseload reduction than other states because of a set of policies that were designed to help families make an effective transition from welfare to work including: the earned income disregard which supplements the wages of low income workers, a slower start-up while families developed employment plans required by law, and policies that enable families to develop job skills through education and training.

PROGRESS

+ Since 1995, the FIP caseload for adults has decreased by 17% and the caseload for children has decreased by 29%.

+ FIP has nearly doubled the likelihood of parents being employed when compared to its predecessor, the AFDC program.

+ Rhode Island is ranked 10th in the country for improvement in job entry and 7th on improvements in job retention for welfare recipients.

CHALLENGES

- Children enrolled in FIP are more likely to have special needs, disabilities, and developmental issues that require early intervention and treatment services.

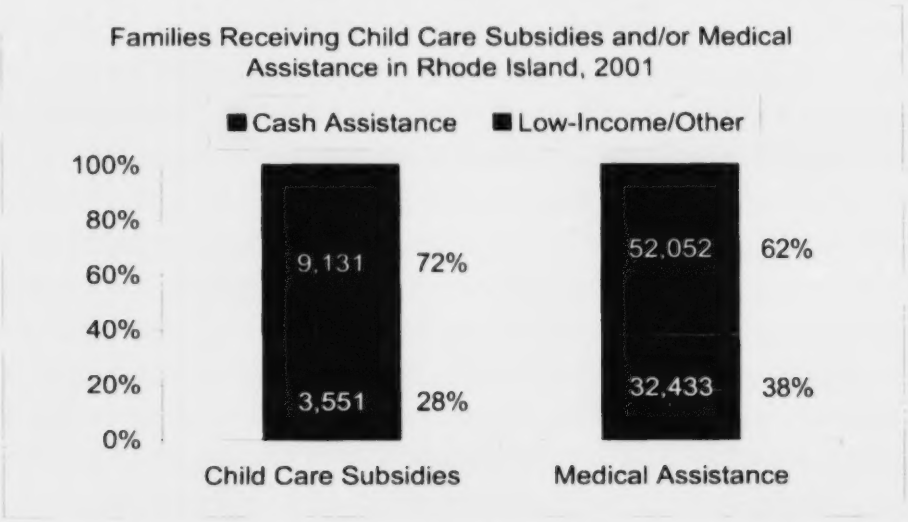
- Child-only cases have increased from 12% of all cases in 1996 to 19% in 2001. It is likely that this number will increase as more adult face time limits.

- Families still receiving cash assistance generally have more barriers to employment than those who have left cash assistance.

35

All Children Live in Families that Are Economically Secure

Supports for Working Families



Source: Rhode Island Department of Human Services, INRHODES Database, 1994 to 2001

Access to both health insurance and child care subsidies are crucial for working families. Access to affordable health insurance is critical to a parent's ability to work and to healthy child development. Participation in high quality child care promotes school readiness and healthy child development, especially among low-income children. National studies show that among mothers of all income levels, higher cost child care is associated with a higher probability of refusing or terminating employment. Rhode Island's health care and child care investments are critical to a family's ability to successfully transition from welfare to work and to provide a reasonable standard of living for their families. Without these subsidies, earnings from full-time work in low-wage jobs or participation in cash assistance alone will leave a family with income below the poverty level.

PROGRESS

+ Rhode Island has shown national leadership in providing health care and child care for low-income families, including working families not receiving cash assistance.

+ Rhode Island has the lowest rate of uninsured children in the country.

+ The number of children able to access early education using child care subsidies has doubled.

CHALLENGES

- There are still 11,000 children in the state who lack health insurance.

- The number of jobs with affordable employer-sponsored insurance is on the decline and has been since the mid-1980s.

- Many working families who are eligible for income-support programs (such as child care, health insurance, Food Stamps, and the Earned Income Tax Credit) do not apply due to a variety of access barriers.

36

Acknowledgements

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37

NOTES

38

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